

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 323-8779



January 18, 1985

ALL-COUNTY LETTER 85-08

TO: ALL-COUNTY WELFARE DIRECTORS
ALL-COUNTY SOCIAL SERVICE FISCAL OFFICERS

SUBJECT: FISCAL YEAR (FY) 1984/85 IN-HOME SUPPORTIVE SERVICES (IHSS)
COUNTY PLAN MID-YEAR UPDATE

The purpose of this letter is to transmit the FY 1984/85 IHSS County Plan Mid-Year Update.

As you know, Welfare and Institutions Code (W&IC) Section 12302 requires each county to submit a plan to the State Department of Social Services (SDSS) which identifies how its IHSS Program will operate within budgetary constraints. For the 1984/85 fiscal year original County Plans were due at SDSS by August 31, 1984.

As an integral part of the County Plan process, each county must now submit a mid-year update to the original plan which more accurately predicts each county's IHSS operations for the entire 1984/85 fiscal year. Attached is a mid-year update which must be fully completed and submitted to SDSS no later than the close of business on February 15, 1985. This will allow the SDSS to identify actual fiscal year IHSS Program funding needs at the earliest possible time.

Our analysis of originally submitted County Plans indicates that there may be a statewide deficit in this fiscal year's IHSS Program funds. As a result, your county must submit its mid-year update to SDSS by the date specified above. If your update is not received by the specified date, it may be necessary for SDSS staff to make an independent assessment of your county's IHSS Program financial status. This assessment may result in an allocation adjustment to your current FY 1984/85 IHSS Program allocation.

Thank you for your continued cooperation. If you have questions regarding this letter or in completing the attached mid-year update, please contact your Adult Services Bureau County Plan Analyst at the number identified on

the attached list. To ensure that your County Plan update reaches the correct location, in a timely manner, it should be addressed to:

State Department of Social Services
Adult Services Bureau
744 P Street, Mail Station 9-536
Sacramento, CA 95814



LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachments

cc: CWDA

COUNTIES	HELEN WONG (916)322-8097	RICK KRAFT (916)324-8773	LEIGHTON LAI (916)324-8779	RAY CARTHEN (916)323-3326	JENNIFER PETTY (916)324-8777
ALAMEDA	X				
ALPINE			*		X
AMADOR				X	
BUTTE			X		
CALAVERAS	*				X
COLUSA				X	
CONTRA COSTA	X			X	
DEL NORTE				X	
EL DORADO	X				
FRESNO			X		
GLENN				X	
HUMBOLDT		X			
IMPERIAL	X				
INYO	X				
KERN			X		
KINGS				X	
LAKE				*	X
LASSEN			X		
LOS ANGELES	X				
MADERA		X			
MARIN	X				
MARIPOSA				X	
MENDOCINO			X		
MERCED				X	
MODOC			X		
MONO	X				
MONTEREY				X	
NAPA	X				
NEVADA		*			X
ORANGE	X				
PLACER			X		
PLUMAS			X		
RIVERSIDE		X			
SACRAMENTO	X				
SAN BENITO	*				X
SAN BERNARDINO			X		
SAN DIEGO		X			
SAN FRANCISCO		X			
SAN JOAQUIN		X			
SAN LUIS OBISPO			X		
SAN MATEO		X			
SANTA BARBARA		X			
SANTA CLARA		X			
SANTA CRUZ		X			
SHASTA			X		
SIERRA				*	X
SISKIYOU				X	
SOLANO				X	
SONOMA			X		
STANISLAUS		*			X
SUTTER				X	
TEHAMA		*			X
TRINITY				*	X
TULARE		X			
TUOLUMNE			*		X
VENTURA		X			
YOLO				X	
YUBA				*	X

COUNTY _____

SECTION A — FY 1984/85 IHSS PROGRAM MIDYEAR UPDATE**PART I.**

	(1) FY 1983/84	(2) FY 1984/85	(3) DIFFERENCE
ALLOCATIONS:			
1. 100% State and Federal Funds	\$ _____	\$ _____	_____
2. 90% State Matching Funds	_____	_____	_____
3. 10% County Matching Funds	_____	_____	_____
4. TOTAL ALLOCATIONS (Lines 1 + 2 + 3)	\$ _____	\$ _____	_____
5. Provider Wage and Benefit Allocation	\$ _____	\$ _____	_____
6. Base Allocation (Lines 4-5)	\$ _____	\$ _____	_____
EXPENDITURES:			
7. Provider Wage and Benefit Expenditures	\$ _____	\$ _____	_____
8. Base Expenditures	\$ _____	\$ _____	_____
9. TOTAL EXPENDITURES (Lines 7 + 8)	\$ _____	\$ _____	_____
10. A — E Reductions	\$ _____	\$ _____	_____
11. Refugee Expenditures	\$ _____	\$ _____	_____

PART II.

	FY 1984/85 (ACTUAL)			FY 1984/85 (PROJECTED)		TOTAL (6)
	FIRST QUARTER (1)	SECOND QUARTER (2)	SECOND QUARTER RATIO TO ALL MODES (3)	THIRD QUARTER (4)	FOURTH QUARTER (5)	
A. INDIVIDUAL PROVIDER						
1. Case Months						
2. Hours						
3. Expenditures						
4. Average Hours/Case						
5. Average Cost/Hour						
B. CONTRACT						
1. Case Months						
2. Hours						
3. Expenditures						
4. Average Hours/Case						
5. Average Cost/Hour						
C. WELFARE STAFF						
1. Case Months						
2. Hours						
3. Expenditures						
4. Average Hours/Case						
5. Average Cost/Hour						
D. ALL MODES						
1. Case Months						
2. Hours						
3. Expenditures						
4. Average Hours/Case						
5. Average Cost/Hour						

Section A - FY 1984/85 IHSS PROGRAM COUNTY PLAN MID-YEAR UPDATE FACT SHEET

Upper Right Corner:

- * Place name of county for which this report is prepared.

Instructions:

PART I

- Column (1) For Column 1, identify your county's final allocation and expenditure data for FY 1983/84.
- Column (2) For Column 2, identify your county's allocation and expenditure data which has been provided in your most recent allocation letter and projections which are calculated in Section D of this plan.
- Column (3) For Column 3, identify the differences between FY 1983/84 and FY 1984/85.

Instructions:

PART II

- (1) Identify **actual** fiscal year 1984/85 first and second quarter data and **projected** FY 1984/85 third and fourth quarter data as required. To calculate the second quarter ratio to all modes (Column 3), divide the second quarter (Column 2) data separately identified in A (Individual Provider), B (Contract), and C (Welfare Staff) by the respective data identified in D (All Modes). Record this figure to five decimal places.
- (2) To compute Individual Provider average hours/case, divide Column 1, Line 2, by Column 1, Line 1. Do the same for Column 2. This process must also be applied for Contract and Welfare Staff averaging.
- (3) For average cost/hour, follow the same process used above, except divide Line 3 by Line 2.
- (4) Data recorded on Part II, Column 6, must be forwarded from Section D - All Modes. To calculate hours, multiply total projected paid cases identified in Section D, Column 1, Total, times Section D, Column 2, Total. Expenditures equal Section D, Column 4, Total. The average hours/case and cost/hour for FY 1984/85 must equal the same averages for FY 1983/84 unless the county has fully justified, as an attachment, differing amounts.
- (5) Column 6 equals the totals or averages of the totals for each line item.

SECTION B — ACTUAL PROGRAM SUMMARY OF ALL MODES

MONTH	(1) NUMBER OF OPEN CASES	(2) NUMBER OF PAID CASES	(3) NUMBER OF PAID HOURS	(4) BASIC EXPENDITURES	(5) OTHER COSTS	(6) WAGE AND BENEFIT INCREASES (COLA)	(7) TOTAL EXPENDITURES
JANUARY 1984							
FEBRUARY							
MARCH							
3rd QUARTER							
APRIL							
MAY							
JUNE							
4th QUARTER							
JULY 1984							
AUGUST							
SEPTEMBER							
1st QUARTER							
OCTOBER							
NOVEMBER							
DECEMBER							
2nd QUARTER							
TOTAL							

(See Reverse for Instructions)

Section B. FY 1984/85 IHSS PROGRAM SUMMARY OF ALL MODES (Actual)

Instructions:

- Column (1) This column represents the total number of cases authorized (opened) to receive services from all modes (B(IP), B(C), B(WS)).
- Column (2) This column represents the total number of paid cases from all modes.
- Column (3) This column represents the total number of paid hours from all modes.
- Column (4) This column represents the total amount of basic expenditures from all modes. This column must **exclude** FY 1984/85 provider wage and benefit increase expenditures.
- Column (5) This column represents any other cost charged to the IHSS Program, i.e., EDP and staff development.
- Column (6) This column represents the total wage and benefit increases for FY 1984/85.
- Column (7) This column represents the total cost of IHSS services for all modes.

SECTION B (WS) – ACTUAL IHSS PROGRAM WELFARE STAFF EXPENDITURES

MONTH	WELFARE STAFF							TOTAL COST
	(1) CASES AUTHORIZED (OPENED)	(2) CASES SERVED	(3) RECIPIENT HOURS PAID	(4) TIME STUDY HOURS BY QUARTER	(5) QUARTERLY CASE WORK COST		(6) QUARTERLY OVERHEAD	
					(5a) BASIC	(5b) COLA		
JANUARY 1984								
FEBRUARY								
MARCH								
3rd QUARTER								
APRIL								
MAY								
JUNE								
4th QUARTER								
JULY 1984								
AUGUST								
SEPTEMBER								
1st QUARTER								
OCTOBER								
NOVEMBER								
DECEMBER								
2nd QUARTER								
TOTAL								

(See Reverse for Instructions)

Section B (WS) IHSS PROGRAM SUMMARY OF THE WELFARE STAFF MODE (Actual)

Instructions:

- Column (1) This column represents the total number of welfare staff (WS) cases authorized to receive services during the month.
- Column (2) This column represents the number of WS cases paid during the month.
- Column (3) This column represents the actual number of WS recipient hours paid during the month.
- Column (4) This column represents the total number of WS hours time studied, by quarter, for county staff (DFA 47, Line A).
- Column (5)
5a This column represents the total cost of WS charged to the IHSS Program by quarter, less wage and benefit increases.
- Column (5)
5b This column represents the wage and benefit increase given to WS providers by quarter.
- Column (6) This column represents the total cost of allocable overhead charged to the IHSS Program by quarter. The allocable overhead must reconcile to quarterly administrative claims amount (Form DFA 327.1, Line A, Column 4).
- Column (7) The column represents the totals of Columns (5) and (6) by quarter.

SECTION B (IP) — ACTUAL IHSS PROGRAM SUMMARY OF THE INDIVIDUAL PROVIDER MODE

MONTH	(1) NUMBER OF OPEN CASES	(2) NUMBER OF PAID CASES	(3) NUMBER OF PAID HOURS	(4) BASIC EXPENDITURES	(5) OTHER COSTS	(6) WAGE AND BENEFIT INCREASES (COLA)	(7) TOTAL EXPENDITURES
JANUARY 1984							
FEBRUARY							
MARCH							
3rd QUARTER							
APRIL							
MAY							
JUNE							
4th QUARTER							
JULY							
AUGUST							
SEPTEMBER							
1st QUARTER							
OCTOBER							
NOVEMBER							
DECEMBER							
2nd QUARTER							
TOTAL							

(See Reverse for Instructions)

Section B (IP) IHSS PROGRAM SUMMARY OF THE INDIVIDUAL PROVIDER (Actual)

Instructions:

- Column (1) This column represents the total number of cases authorized (opened) to receive IP services during the month. Entries must reconcile with Payrolling Management Statistical Summary - "Total cases" (Authorized Caseload Movement).
- Column (2) This column represents the count of paid cases. Entries must reconcile with Payrolling Management Statistical Summary - "Total Recipients".
- Column (3) This column represents the number of paid service hours during the month. Entries must reconcile with Payrolling Management Statistical Summary - "Total Hours".
- Column (4) This column represents the amount of basic expenditures. This column must **exclude** FY 1984/85 provider wages and benefit increase expenditures.
- Column (5) This column represents any other cost charged to the IHSS program, i.e., EDP and staff development.
- Column (6) This column represents the total wage and benefit increases for FY 1984/85.
- Column (7) This column represents the sum of "Total Wages", "Total Social Security and Unemployment" and "Restaurant Meal Allowances" found on the Payrolling Management Statistical Summary.

SECTION B (C) — ACTUAL IHSS PROGRAM SUMMARY OF THE CONTRACT PROVIDER MODE

MONTH	(1) NUMBER OF OPEN CASES (AUTHORIZED)	(2) NUMBER OF PAID CASES	(3) NUMBER OF PAID HOURS	(4) BASIC EXPENDITURES	(5) OTHER COSTS	(6) WAGE AND BENEFIT INCREASES (COLA)	(7) TOTAL EXPENDITURES
JANUARY 1984							
FEBRUARY							
MARCH							
3rd QUARTER							
APRIL							
MAY							
JUNE							
4th QUARTER							
JULY 1984							
AUGUST							
SEPTEMBER							
1st QUARTER							
OCTOBER							
NOVEMBER							
DECEMBER							
2nd QUARTER							
TOTAL							

(See Reverse for Instructions)

Section B (C) IHSS PROGRAM SUMMARY OF THE CONTRACT PROVIDER MODE (Actual)

Instructions:

- Column (1) This column represents the total number of cases authorized (opened) to receive contract services during the month regardless of whether a payment was made or services delivered.
- Column (2) This column represents the total number of cases for which services were paid during the month.
- Column (3) This column represents the actual number of services hours paid for in the month regardless of when served.
- Column (4) This column represents the amount of basic expenditures. This column must **exclude** FY 1984/85 provider wage and benefit increase expenditures.
- Column (5) This column represents any other cost charged to the IHSS Program, i.e., EDP and staff development.
- Column (6) This column represents the total wage and benefit increases.
- Column (7) This column represents the total IHSS Contract Cost **paid** during the month. These figures must reconcile to the quarterly administrative claim (Form DFA 325.3).

SECTION C FY 1984/85 IHSS PROGRAM CASELOAD PROJECTION — ALL MODESa/ = actual
p/ = projected

MONTHS	(1) OPEN CASES	(2) 3-MONTH MOVING AVERAGE	(3) CHANGE IN MOVING AVERAGE	(4) PROJECTED NUMBER OF OPEN CASES FY 1984/1985	(5) PAID CASES	(6) RATIO OF PAID OPEN CASES
DECEMBER 1983						
JANUARY 1984					a/	
FEBRUARY					a/	
MARCH					a/	
APRIL					a/	
MAY					a/	
JUNE					a/	
JULY 1984					a/	
AUGUST					a/	
SEPTEMBER					a/	
OCTOBER					a/	
NOVEMBER					a/	
DECEMBER					a/	
TOTAL					a/	
JANUARY 1985					p/	
FEBRUARY					p/	
MARCH					p/	
APRIL					p/	
MAY					p/	
JUNE					p/	
TOTAL					p/	

(See Reverse for Instructions)

Section C. FY 1984/85 IHSS PROGRAM CASELOAD PROJECTION - ALL MODES

Instructions:

- Column (1) This column represents the total number of open cases taken from Section B (All Modes).
- Column (2) This column represents the moving average of three continuous months. To calculate the three-month moving average figure for any particular month, add the data from the prior month and the subsequent month to the month being calculated, and divide by three. Example: add December 1983 and January and February 1984 open case amounts and divide by three; enter the average in January. Continue this process through December 1984.
- Column (3) This column represents the monthly percent change of the moving average. To compute the percent change for each month, divide the three-month moving average for the month being calculated by the three-month moving average from the prior month. Record the answer to five decimal places.
- Column (4) To project the number of open cases during FY 1984/85, Column 4, use the change in moving average identified in Column 3 above. If the February 1984 change in moving average indicated in Column 3 is 1.0188, multiply the January 1985 open case figure recorded in Column 4 by 1.0188. Enter this number for the projected open caseload for February 1985. Next, multiply the February 1984 projected open case figure just calculated by the March 1985 change in moving average identified in Column 3. Enter this number in the projected open case column for March 1985. Continue this process through June 1985. The December 1984 caseload figures should reflect actual data.
- Column (5) To complete this column for January 1984 through December 1984 (Actual), enter the number of paid cases for the particular month which are identified in Section B (All Modes).
- Before the column for January 1985 through July 1985 (projected) can be completed, Column 6 must be calculated and the calendar year total identified. Divide the Column 6 total by 12 to obtain the average ratio of paid to open cases. This ratio will be used to calculate the number of projected paid cases in Column 5. The monthly number of projected paid cases can now be obtained by multiplying the average ratio to each of the monthly projected open cases identified in Column 4. Record the number of projected paid cases in Column 5.
- If the annual ratio of paid to open cases does not accurately reflect your county's trend, you may use a different ratio if it is substantiated by prior actual data. For example, if the ratio of paid to open cases was increasing or decreasing throughout the prior period, the ratio could be trended to reflect this occurrence. Also, if changes have occurred during the prior year which are not accurately reflected by using an annual average ratio, e.g., the last quarterly figures are significantly higher or lower than the annual average, you may average the last three month period. If any of these alternate approaches are used, the county, at a minimum, should identify why the changes in open to paid cases are occurring and determine whether these changes will further affect future trends.
- Column (6) To complete this column, divide Column 5 (Paid Cases) by Column 1 (Open Cases). Record the answer to five decimal places.

SECTION D — FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - ALL MODES

FY 1984/85 MONTHS	(1) PAID CASES	(2) PAID HOURS/CASE	(3) PAID COST/HOUR	(4) BASE EXPENDITURES	(5) FY 1984/85 PROVIDER WAGE AND BENEFITS INCREASES	(6) OTHER COSTS	(7) TOTAL FORECASTED EXPENDITURES
JULY a/							
AUGUST a/							
SEPTEMBER a/							
1st QUARTER a/							
OCTOBER a/							
NOVEMBER a/							
DECEMBER a/							
2nd QUARTER a/							
JANUARY p/							
FEBRUARY p/							
MARCH p/							
3rd QUARTER p/							
APRIL p/							
MAY p/							
JUNE p/							
4th QUARTER p/							
TOTAL							

(See Reverse for Instructions)

a/ = Actual
p/ = Projected

Section D. FY 1984/85 IHSS PROJECTED CASES, HOURS, AND COST — ALL MODES

Instructions:

To complete the first half of FY 1984/85, use the actual data from Section B, (All Modes).

To complete FY 1984/85 projections:

- | | |
|------------|---|
| Column (1) | This column represents actual and projected number of paid cases taken from Section C, Column 5 (Paid Cases). |
| Column (2) | This column represents the second quarter's actual monthly average hours/cases for all modes. Counties must use average hours/cases figure taken from Section A, Part II, Column 2, Line D(4). Any deviation from this average must be fully justified in writing as an attachment. |
| Column (3) | This column represents the actual monthly average cost/hour for all modes. Counties must use cost/hour figure taken from Section A, Part II, Column 2, Line D(5). Any deviation from this average must be fully justified in writing as an attachment. |
| Column (4) | This column represents the projected monthly cost of IHSS service. To complete this column, add Column 4, D(IP) plus Column 4, D(C) and Column 4, D(WS) for each respective month. |
| Column (5) | This column represents the total projected monthly wage and benefit expenditures identified in Column 5, D(IP), D(C), and D(WS). |
| Column (6) | This column represents the total of any other projected costs which will be charged to the IHSS Program taken from Section D(IP), D(C), and D(WS), Column 6. |
| Column (7) | This column represents the total projected expenditures from Columns (4), (5), and (6). |

**SECTION D (IP) — FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS -
INDIVIDUAL PROVIDER**

FY 1984/85 MONTHS	(1) PAID CASES	(2) PAID HOURS/CASE	(3) PAID COST/HOUR	(4) BASE EXPENDITURES	(5) FY 1984/85 PROVIDER WAGE AND BENEFITS INCREASES	(6) OTHER COSTS	(7) TOTAL FORECASTED EXPENDITURES
a/ JULY							
a/ AUGUST							
a/ SEPTEMBER							
a/ 1st QUARTER							
a/ OCTOBER							
a/ NOVEMBER							
a/ DECEMBER							
a/ 2nd QUARTER							
p/ JANUARY							
p/ FEBRUARY							
p/ MARCH							
p/ 3rd QUARTER							
p/ APRIL							
p/ MAY							
p/ JUNE							
p/ 4th QUARTER							
TOTAL							

a/ = Actual
p/ = Projected

(See Reverse for Instructions)

Section D(IP) FY 1984/85 IHSS PROJECTED CASES, HOURS, AND COST-INDIVIDUAL PROVIDER

Instructions:

To complete the first half of FY 1984/85, use the the actual data from Section B, (I.P.).

To complete FY 1984/85 projections:

- Column (1) This column represents the actual and projected number of paid individual provider (IP) cases. To obtain projected cases, multiply the number of total projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of second quarter to all modes (Section A, Part II, Column 3, Line A(1)).
- Column (2) This column represents the actual and projected monthly average hours/cases. For projected cases, counties must use the average hours/cases figure recorded on Section A, Part II, Column 2, Line A(4). Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents the actual and projected monthly average cost/hour. For projected cases, counties must use the cost/hour figure taken from Section A, Part II, Column 2, Line A(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents the actual and projected monthly cost of service. To complete this column for projected cases, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the actual and projected monthly wage and benefit expenditures which are separately calculated by your county for each specified month.
- Column (6) This column represents any other actual and projected cost which will be charged to the IHSS Program and not identified in any other section.
- Column (7) This column represents total actual and projected expenditures from Columns (4), (5), and (6).

SECTION D (C) — FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - CONTRACT

FY 1984/85 MONTHS	(1) PAID CASES	(2) PAID HOURS/CASE	(3) PAID COST/HOUR	(4) BASE EXPENDITURES	(5) FY 1984/85 PROVIDER WAGE AND BENEFITS INCREASES	(6) OTHER COSTS	(7) TOTAL FORECASTED EXPENDITURES
a/ JULY							
a/ AUGUST							
a/ SEPTEMBER							
a/ 1st QUARTER							
a/ OCTOBER							
a/ NOVEMBER							
a/ DECEMBER							
a/ 2nd QUARTER							
p/ JANUARY							
p/ FEBRUARY							
p/ MARCH							
p/ 3rd QUARTER							
p/ APRIL							
p/ MAY							
p/ JUNE							
p/ 4th QUARTER							
TOTAL							

(See Reverse for Instructions)

a/ = Actual

p/ = Projected

Section D(C) FY 1984/85 PROJECTED CASES, HOURS AND COST — CONTRACT

Instructions:

To complete the first half of FY 1984/85, use the actual data from Section B, (C).

To complete FY 1984/85 projections:

- Column (1) This column represents actual and projected number of contract paid cases. To obtain projections, multiply the number of total projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of second quarter to all modes, Section A, Part II, Column 3, Line B(1).
- Column (2) This column represents the actual and projected monthly average hours/cases. For projected cases, counties must use the average hours/cases figure recorded on Section A, Part II, Column 2, Line B(4). Any deviation from this average must be justified in writing as an attachment.
- Column (3) This column represents the actual and projected monthly average cost/hour. For projected cases, counties must use cost/hour figure taken from Section A, Part II, Column 2, Line B(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents the actual and projected monthly cost of service. To complete this column for projected cases, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the actual and projected monthly wage and benefit expenditures which are separately calculated by your county for each month.
- Column (6) This column represents any other actual and projected cost which will be charged to the IHSS Program and not identified in any other section.
- Column (7) This column represents total actual and projected expenditures from Columns (4), (5), and (6).

SECTION D (WS) — FY 1984/85 IHSS PROGRAM PROJECTED CASES, HOURS AND COSTS - WELFARE STAFF

FY 1984/85 MONTHS	(1) PAID CASES	(2) PAID HOURS/CASE	(3) PAID COST/HOUR	(4) BASE EXPENDITURES	(5) FY 1984/85 PROVIDER WAGE AND BENEFITS INCREASES	(6) OTHER COSTS	(7) TOTAL FORECASTED EXPENDITURES
a/ JULY							
a/ AUGUST							
a/ SEPTEMBER							
a/ 1st QUARTER							
a/ OCTOBER							
a/ NOVEMBER							
a/ DECEMBER							
a/ 2nd QUARTER							
p/ JANUARY							
p/ FEBRUARY							
p/ MARCH							
p/ 3rd QUARTER							
p/ APRIL							
p/ MAY							
p/ JUNE							
p/ 4th QUARTER							
TOTAL							

a/ = Actual
p/ = Projected

(See Reverse for Instructions)

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Section D(WS) FY 1984/85 IHSS PROJECTED CASES, HOURS, AND COST — WELFARE STAFF

Instructions:

To complete first half of FY 1984/85, use the actual data from Section B(WS).

To complete FY 1984/85 projections:

- Column (1) This column represents actual and projected number of paid welfare staff (WS) cases. To obtain projected cases, multiply the number of total projected paid cases in Section C, Column 5 (Projected) by the corresponding ratio of second quarter to all modes (Section A, Part II, Column 3, Line C(1)).
- Column (2) This column represents the actual and projected monthly average hours/cases. For projected cases, counties must use the average hours/cases figure recorded on Section A, Part II, Column 2, Line C(4). Any deviation from this average must be fully justified in writing as an attachment.
- Column (3) This column represents the actual and projected monthly average cost/hour. For projected cases, counties must use the cost/hour figure taken from Section A, Part II, Column 2, Line C(5). Any deviation from this average must be fully justified in writing as an attachment.
- Column (4) This column represents the actual and projected monthly cost of service. To complete this column for projected cases, multiply Column 1 x Column 2 x Column 3.
- Column (5) This column represents the actual and projected monthly wage and benefit expenditures which are separately calculated by your county for each month specified.
- Column (6) This column represents any other actual and projected cost which will be charged to the IHSS Program and not identified in any other section.
- Column (7) This column represents total actual and projected expenditures from Columns (4), (5), and (6).

SECTION E — IHSS PROGRAM REDUCTION FORECAST BY CATEGORY

Instructions: In the event that program reductions are necessary, enter your county's estimated monthly program reduction cost. Reductions must be made beginning with CATEGORY A. *(See regulations for identification of categories.)*

FY 1984/85 MONTHS	CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D	CATEGORY E	CATEGORY TOTAL
JULY						
AUGUST						
SEPTEMBER						
1st QUARTER						
OCTOBER						
NOVEMBER						
DECEMBER						
2nd QUARTER						
JANUARY						
FEBRUARY						
MARCH						
3rd QUARTER						
APRIL						
MAY						
JUNE						
4th QUARTER						
TOTAL						GRAND TOTAL

SECTION F — COUNTY CONTACT LIST - ADULT SERVICES

COUNTY

ADDRESS

PREPARED BY

ADDRESS

TELEPHONE NUMBER

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PLAN SIGN-OFFS

TITLE	NAME/SIGNATURE	TELEPHONE NUMBER
DIRECTOR		
ASSISTANT AGENCY DIRECTOR		
ADULT SERVICES DIVISION DIRECTOR		
ADULT PROGRAM SPECIALIST		
IHSS AND APS SECTION SUPERVISOR		
FISCAL SECTION SUPERVISOR		
CONTRACTS SECTION SUPERVISOR		
PAYROLL SECTION SUPERVISOR		
PROGRAM ASSISTANT		

OTHER CONTACTS:

(See Reverse for Instructions)